Pre- Authorized Debit Agreement

1. Customer Information

Parent/Guardian Name: _____

Student Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code:_____

Phone Number: _____

Scheduled Class: ☐ M/W/F $200.00 ☐ T/Th $165.00

This agreement cannot be used for registration Fees. Please pay Registration fees by EMT, Cash or Check

2. Bank Account Information

Account Number: ☐☐☐☐☐☐☐☐☐☐ Transit Number: ☐☐☐☐☐

Institution Number: ☐☐☐ ☐ Chequing Account ☐ Savings Account

Financial Institution: Name: _____

Branch Address: _____

3. Pre-Authorized Debit Details

You, the Payor, authorize Fuzzy Pickles Pre-School to debit the bank account identified above for school tuition of $_____ on the 5th day of every month or the next business day. If payment is sent back a second attempt will happen 10 days after the first attemt plus a $20.00 processing fee. You, the Payor, may revoke your authorization at any time (in writing) subject to providing notice of 30 days

Signature of Account Holder: _____

Name: _____
(Please Print)

Date: _____

Signature of Joint Account Holder (if applicable): _____

Name: _____
(Please Print)

Date: _____

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement

When the form is complete return to:

Fuzzy Pickles Pre-School
1003 A - Allen Street NE
Airdrie, AB, T4B 1B3
Phone: 403-948-5277
Email: info@fuzzypickles.ca